PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

ndicated unless correct maintenance fee notifica	ed below or directed of	herwise in Block 1, by (a) specifying a new corres	pondence address:	and/or (b) indicating a se	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Robert H. Fran P.O. Box 23324 Oklahoma City,	ntz	7/2069 OTP MAY 1	State	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885. on the date indicated below.			
		/* mu	<i>.\{\bar{\bar{\bar{\bar{\bar{\bar{\ba</i>			(Depositor's name)	
		The same of the sa				(Signature)	
		100				(Daie)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/001.744 10/31/2001		John Falk Kelley		AUS920010748US1	2721		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	GATED DISPLAY WEBP.		
	<u> </u>	L.					
nonprovisional	NO	\$1510	\$300	PM 1. F 1.		05/18/2009 3 090457 10001744	
EXAMINER		ART UNIT	CLASS-SUBCLASS	☐ 01 FC:1501 1510.00 DA			
TRUONG, CAM Y T		2169	707-102000	707-102000 62 FC:1504 300.00 DA			
. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.				
Fee Address" ind	lication (or "Fee Address D2 or more recent) attack	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 David A. Mims, Jr. William H. Steinberg				
. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	œ)		···	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
International Business Machines Corporation Armonk, NY							
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent): \Box	Individual 🔽 Çe	rporation or other private g	group entity Government	
a. The following fee(s): Issue Fee Publication Fee (N Advance Order - s	are submitted: So small entity discount p # of Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-04.57 (enclose an extra copy of this form).				
	tus (from status indicate					1,0	
	s SMALL ENTITY state			-	J. ENTITY status. See 37 (
OTE: The Issue Fee an iterest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	ne applicant: a regi	stered attorney or agent; or	the assignce or other party in	
	/ Robert H.		Date May 13, 2009				
Typed or printed name	Robert H. F	rantz		Date May 13, 2009 Registration No. 42553			
				•			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.